#### Case 23-13523-MBK Doc 12 Filed 05/23/23 Entered 05/23/23 16:28:47 Desc Main Document Page 1 of 26

		<b>B</b> o o an in o in c	. ago = 0. = 0	
Fill in this info	rmation to identify your	case:		
Debtor 1	Thomas J Orban			
	First Name	Middle Name	Last Name	_
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	_
United States B	sankruptcy Court for the:	DISTRICT OF NEW JERSEY		_
Case number	23-13523			
(if known)	25 10025			☐ Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		•
Par	t 1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$_	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,373.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	26,373.00
Par	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	710,010.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	450,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	96,851.00
	Your total liabilities	\$	1,256,861.00
Par	t3: Summarize Your Income and Expenses		'
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	15,611.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	8,486.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other s	schedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a person	al, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_13,720.00

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	450,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	450,000.00

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Fill	in this information to ic	dentify your ca	ase:								
Del	otor 1 T	homas J O	rban			_					
	otor 2					_					
Uni	ted States Bankruptcy	Court for the	DISTRICT OF NEW J	IERSEY		_					
Cas	se number 23-13	523					Check	if this is:			
(If kr	nown)			-			☐ Ar	amende	d filing		
										g postpetition ollowing date:	chapter
0	fficial Form 1	<u>061</u>					MI	M / DD/ Y	YYY		
S	chedule I: Yo	our Inc	ome								12/15
atta	ch a separate sheet t  t1: Describe E  Fill in your employr	o this form. (	r spouse is not filing w On the top of any additi				I case nu	mber (if	known). A	nswer every	
	information.  If you have more than one job, attach a separate page with information about additional							Debtor 2 or non-filing spouse			
			Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>				■ Emplo	•		
	employers.		Occupation								
	Include part-time, se self-employed work.	asonal, or	Employer's name	Self Employed							
	Occupation may incl or homemaker, if it a		Employer's address								
			How long employed t	here?				_			
Par	t 2: Give Detail	s About Mor	thly Income								
	mate monthly incomouse unless you are sep		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Inc	clude your nor	n-filing
	u or your non-filing spo e space, attach a sepa		ore than one employer, control this form.	ombine the information	on for all e	mplo	oyers for t	hat perso	n on the lir	nes below. If y	you need
							For Deb	tor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$		0.00	\$	0.00	
3.	Estimate and list m	onthly overti	me pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Inc	ome. Add lin	e 2 + line 3.		4.	\$		0.00	\$	0.00	

Deb	tor 1	Thomas J Orban	_	Case number (if known)	23-13523	
	Cop	y line 4 here	4.	For Debtor 1  \$ 0.00	For Debtor non-filing s	
5.	List	all payroll deductions:				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$	0.00
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$ 0.00 \$ 0.00	\$ \$	0.00
	5g.	Union dues	5g.	\$ <u>0.00</u> \$ <u>0.00</u>	\$	0.00
	5h.	Other deductions. Specify:	5h.+		*	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 0.00	\$	0.00
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$	0.00
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:  monthly lease commissions	8c. 8d. 8e.	\$ 12,220.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 1,891.00 \$ 0.00 \$ 0.00 \$ 1,500.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$15,611.00	\$	0.00
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	15,611.00 + \$	0.00	= \$ 15,611.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		10,011.00	0.00	10,011.00
11.	State Included Other	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. The include any amounts already included in lines 2-10 or amounts that are not cify:	depend		ed in <i>Schedule</i>	∍ J. +\$0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies				\$15,611.00
13.		you expect an increase or decrease within the year after you file this form	?			Combined monthly income
		No.  Yes. Explain: Income numbers are based on estimates since a	II info	rmetion is not set	avelleble -	abter de la la la
		Yes. Explain: Income numbers are based on estimates since a commerical transactions and pay is inconsistent commissions each year.				

Official Form 106l Schedule I: Your Income page 2

Filli	n this informat	ion to identify yo	our case:					
Debt	tor 1	Thomas J O	rban			Che	eck if this is:	
Debt							An amended filing	
- 5.5	use, if filing)							wing postpetition chapter f the following date:
Unite	ed States Bankru	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Case	e number 23	-13523						
(If kr	nown)							
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your	Exper	ises				12/15
Be a	as complete a	ind accurate as	s possible. eded, atta	If two married people and the control of the contro				
Part		ibe Your House	ehold					
1.	Is this a join  No. Go to							
			in a separ	ate household?				
	□ No							
			st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	btor 2.	
2.	Do you have	dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents r	iames.					_	_ □ Yes □ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do your exp	enses include	_	No				☐ Yes
	expenses of	people other t I your depende	han $_{\square}$	Yes				
Part		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				apter 13 case to report of the form and fill in the
				government assistance i				
	icial Form 10		u nave mo	ilided it on <i>Schedule I.</i>	rour income		Your exp	penses
4.		r home owners d any rent for th		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	3,500.00
	If not include	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		ty, homeowner's				4b.	·	0.00
		maintenance, re owner's associa		ipkeep expenses		4c. 4d.	·	200.00
5.				our residence, such as ho	me equity loans	4u. 5.	·	0.00 0.00

Debtor 1	Thomas J Orban	Case number	er (if known)	23-13523
6. <b>Util</b>	ities:			
6a.	Electricity, heat, natural gas	6a. S	\$	550.00
6b.	Water, sewer, garbage collection	6b. S	B	70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. S		450.00
6d.	Other. Specify:	6d. S	·	0.00
	d and housekeeping supplies	7. 9		1,000.00
	dcare and children's education costs	8. 9		0.00
	thing, laundry, and dry cleaning	9. 9		200.00
	sonal care products and services	10. 9	·	200.00
	lical and dental expenses	11. 9		200.00
	nsportation. Include gas, maintenance, bus or train fare.		·	
	not include car payments.	12. \$	₿	500.00
13. <b>Ent</b>	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	\$	250.00
14. <b>Ch</b> a	ritable contributions and religious donations	14. \$	<b></b>	0.00
15. <b>Ins</b> i	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a. S		216.00
15b	. Health insurance	15b. S	\$	400.00
15c	Vehicle insurance	15c. S	₿	250.00
15d	. Other insurance. Specify:	15d. S	<b>B</b>	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16. \$	\$	0.00
	allment or lease payments:	47- (	•	0.00
	Car payments for Vehicle 1	17a. S		0.00
	Car payments for Vehicle 2	17b. S	·	0.00
	Other. Specify:	17c. S		0.00
	Other. Specify:	17d. S	<u> </u>	0.00
ded	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	·	0.00
	er payments you make to support others who do not live with you.	7	<b>—</b>	0.00
	cify: er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> c	19.	ır Incomo	
	<ul> <li>Mortgages on other property</li> </ul>	20a. S		0.00
	Real estate taxes	20b. S	·	0.00
	Property, homeowner's, or renter's insurance	20c. S	·	0.00
	Maintenance, repair, and upkeep expenses	20d. S		
	. Homeowner's association or condominium dues	20d. S		0.00
		206. 3	·	0.00
zi. Oth	er: Specify: spouse debt	21	<del>Γ</del> Φ	500.00
22. <b>Cal</b>	culate your monthly expenses			
22a	. Add lines 4 through 21.		\$	8,486.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	Add line 22a and 22b. The result is your monthly expenses.		\$	8,486.00
יט רבו	culate your monthly not income			,
	culate your monthly net income.  Copy line 12 (your combined monthly income) from Schedule I.	220 (	•	45 644 00
		23a. S		15,611.00
23b	. Copy your monthly expenses from line 22c above.	23b	.ф	8,486.00
230	Subtract your monthly expenses from your monthly income.			
_00	The result is your <i>monthly net income</i> .	23c. S	•	7,125.00

#### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.
-----

☐ Yes.

Explain here: The food expense is high because the grandkids eat at his house every day due to their mom working

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Fill in this inform	mation to identify your o	ase:			
Debtor 1	Thomas J Orban				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY	(		
Case number (if known)	23-13523				☐ Check if this is an amended filing
Official Forn	n 106Dec				
		n Individual D	abtarla Cabadı	ulaa	
Declarat	ion About a	n Individual Do	eptor's Scheal	uies	12/15
obtaining money years, or both. 18					ont, concealing property, or
Did you pa	y or agree to pay some	one who is NOT an attorney t	o help you fill out bankrupto	cy forms?	
■ No					
☐ Yes. N	Name of person				otcy Petition Preparer's Notice, ad Signature (Official Form 119)
	Ity of perjury, I declare t e true and correct.	hat I have read the summary	and schedules filed with th	is declaration a	and
X /s/ Tho	mas J Orban		X		
Thoma	is J Orban re of Debtor 1		Signature of Debtor 2		

Date May 23, 2023

Date

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Fill in	this inform	nation to identify you	r case:			
Debto	r 1	Thomas J Orbar	1			
	_	First Name	Middle Name	Last Name		
Debto (Spouse	r 2 if, filing)	First Name	Middle Name	Last Name		
United	l States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Casa	number 2	3-13523				
(if knowr		.5-13323			_	Check if this is an amended filing
		<u>rm 107</u> of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/2
inform	ation. If m		attach a separate sheet to		equally responsible for sup additional pages, write yo	
Part 1	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. W	hat is your	current marital statu	is?			
	Married Not mar	ried				
2. D	uring the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now		
C	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
	l No l Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	ificial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
Fi	Il in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calenda ary 1 to De	r year: cember 31, 2022)	■ Wages, commissions, bonuses, tips	\$250,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Case number (if known) 23-13523 Debtor 1 Thomas J Orban Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$9,600.00 the date you filed for bankruptcy: **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment** Amount you Was this payment for ... **Total amount** paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Reason for this payment Total amount Amount you paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

Total amount

paid

Amount you

still owe

**Dates of payment** 

Reason for this payment Include creditor's name

No

Yes. List all payments to an insider

**Insider's Name and Address** 

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Case number (if known) 23-13523 Debtor 1 Thomas J Orban

Pa	rt 4: Identify Legal Actions, Repossess	ions, and Foreclosures								
9.	Within 1 year before you filed for bankru List all such matters, including personal injumodifications, and contract disputes.									
	■ No □ Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency	Status of th	e case					
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, foreclos	ed, garnished, attached	l, seized, or levied?					
	No. Go to line 11.									
	☐ Yes. Fill in the information below.									
	Creditor Name and Address	Describe the Property		Date	Value of the property					
		Explain what happened	1							
11.	Within 90 days before you filed for bankr accounts or refuse to make a payment b  ■ No  ■ Yes. Fill in the details.		luding a bank or financial	institution, set off any a	mounts from your					
	Creditor Name and Address	Describe the action the	creditor took	Date action was	Amount					
				taken						
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?									
	■ No									
	☐ Yes									
Pa	t 5: List Certain Gifts and Contribution	s								
13.	Within 2 years before you filed for bankr ■ No	uptcy, did you give any gift	s with a total value of more	e than \$600 per person?	•					
	☐ Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$60 per person	Describe the gifts		Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:									
14.	Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift or c		s or contributions with a to	otal value of more than	\$600 to any charity?					
	Gifts or contributions to charities that t more than \$600 Charity's Name	otal Describe what you	ı contributed	Dates you contributed	Value					
	Address (Number, Street, City, State and ZIP Code	e)								
Pa	tt 6: List Certain Losses									
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for b	ankruptcy, did you lose ar	nything because of thef	t, fire, other disaster,					
	■ No									
	Yes. Fill in the details.									
	Describe the property you lost and how the loss occurred	Describe any insurance co	rance has paid. List pending	Date of your loss	Value of property lost					

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

Pa	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepinclude any attorneys, bankruptcy petition prep	paring a bankruptcy pe	tition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid	Description and	value of any proper	fv	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not You	transferred	value of any proper	.,	or transfer was made	paymen
	Law Office of Peter Zimnis					\$662.00
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your credito Do not include any payment or transfer that you	rs or to make payment			r transfer any prope	erty to anyone who
	No Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any proper	ty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No  Yes. Fill in the details.	usiness or financial aff ade as security (such as	airs? the granting of a sec			
	Person Who Received Transfer Address	•			iny property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  No  Yes. Fill in the details.		ny property to a self	-settled tru	st or similar device	of which you are a
	Name of trust	Description and	value of the propert	y transferre	ed	Date Transfer was made
Pa	tt 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Stora	ge Units		
20.	sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated to the cooperative of the	r other financial accou	nts; certificates of		•	, ,
	No					
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo	e account was sed, sold, ved, or	Last balance before closing of transfer

transferred

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No									
	Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?						
22.	Have you stored property in a storage unit or	place other than your home within 1	year before you filed for bankruptcy	?						
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?						
	Life Storage Hamilton, NJ	Office Files	□ No ■ Yes							
	Life Storage Robbinsville, NJ		Office Files	□ No ■ Yes						
Par	9: Identify Property You Hold or Control fo	or Someone Else								
23.	Do you hold or control any property that some for someone.	eone else owns? Include any proper	ty you borrowed from, are storing fo	or, or hold in trust						
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value						
Par	10: Give Details About Environmental Inform	mation								
For	he purpose of Part 10, the following definition	s apply:								
	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface water, ground	— ·							
	Site means any location, facility, or property a to own, operate, or utilize it, including dispose		law, whether you now own, operate,	or utilize it or used						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort all notices, releases, and proceedings that	you know about, regardless of wher	n they occurred.							
24.	Has any governmental unit notified you that y	ou may be liable or potentially liable	under or in violation of an environm	nental law?						
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						

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1 Thomas J Orban Case number (if known) 23-13523

Del	otor 1	Thomas J Orban		Cas	se number (if known)	23-13523				
25.	Have	you notified any governmental unit of	any release of hazardous material?							
		No								
		es. Fill in the details.								
		e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	ind	Environmental law know it	, if you	Date of notice			
26.	Have	you been a party in any judicial or adn	ninistrative proceeding under any en	vironn	nental law? Include	settlements ar	nd orders.			
		No Yes. Fill in the details.								
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case		Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business							
-		n 4 years before you filed for bankrupt	-	ny of	the following conn	ections to any	husiness?			
21.	_	☐ A sole proprietor or self-employed i		-	_	-	Dusiness:			
					_	iiiic				
		☐ A member of a limited liability comp	any (LLC) or limited liability partners	nip (L	LP)					
	_	A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	No. None of the above applies. Go to Part 12.									
	☐ Yes. Check all that apply above and fill in the details below for each business.									
	Address		Describe the nature of the business	fication number						
			Name of accountant or bookkeeper		Do not include Social Security number or ITIN					
					Dates business ex	xisted				
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
		No								
	□ \	res. Fill in the details below.								
	Nam Addr		Date Issued							
		ers Sper, Street, City, State and ZIP Code)								
Par	t 12:	Sign Below								
are with	true ar a ban J.S.C. §	d the answers on this <i>Statement of Fir</i> nd correct. I understand that making a kruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement, concealing property	, or ol	otaining money or p					
Th	omas	J Orban e of Debtor 1	Signature of Debtor 2							
Dat	e M	ay 23, 2023	Date							
		tach additional pages to Your Stateme	ent of Financial Affairs for Individuals	Filing	for Bankruptcy (O	fficial Form 10	7)?			
■ N										
Did	you pa	ay or agree to pay someone who is not	t an attorney to help you fill out bankı	ruptcy	forms?					
		ame of Person . Attach the <i>Bankru</i>	ntcv Petition Prenarer's Notice Declara	tion a	nd Signature (Officia	l Form 119)				
	ial Form	<del></del>	ent of Financial Affairs for Individuals Filir		•	J 110 <i>j</i> .	page			

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

Fill in this information to identify your case:								
Debtor 1	Debtor 1 Thomas J Orban							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: District of New Jersey							
Case number (if known)	23-13523							

Check as directed in lines 17 and 21:										
	According to the calculations required by this Statement:									
1. Disposable income is not determined u 11 U.S.C. § 1325(b)(3).										
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
☐ 3. The commitment period is 3 years.										
4. The commitment period is 5 years.										

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 12,220.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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**Thomas J Orban** 23-13523 Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. lease income 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 13,720.00 13,720.00 0.00 + \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 13.720.00 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 13,720.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

13,720.00

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or 1	Iho	mas J Orban		Case number (if known)	23-13523		
	М	ultiply line 15a by 12 (the number of months in a y	/ear).			X	: 12
15	b. Th	ne result is your current monthly income for the ye	ear for this part of	the form		\$_	164,640.00
. Cal	culate	the median family income that applies to you	Follow these ste	ps:			
16a	. Fill ir	n the state in which you live.	NJ				
16b	. Fill ir	n the number of people in your household.	2				
16c	To fi	nd a list of applicable median income amounts, go	o online using the	link specified in the separate		\$_	99,056.00
. Hov	v do t	he lines compare?					
17a	. [						
17b		1325(b)(3). Go to Part 3 and fill out Calculat	ion of Your Disp				
t 3:	Ca	Iculate Your Commitment Period Under 11 U.S	s.C. § 1325(b)(4)				
Cop	у уоц	ır total average monthly income from line 11 .			\$		13,720.00
spo	end tl use's	hat calculating the commitment period under 11 U income, copy the amount from line 13.	J.S.C. § 1325(b)(4)	e is not filing with you, and you ) allows you to deduct part of yo			0.00
19a	. If the	e marital adjustment does not apply, fill in 0 on line	∍ 19a.		<b>-</b> \$ _		0.00
19b	Sub	tract line 19a from line 18.				\$	13,720.00
Cal	culate	your current monthly income for the year. Fo	ollow these steps:				
20a	Copy	y line 19b				\$_	13,720.00
						X	12
20b	. The	result is your current monthly income for the year	for this part of the	e form		\$_	164,640.00
20c	Copy	y the median family income for your state and size	e of household fro	m line 16c		\$_	99,056.00
21.	How	do the lines compare?					
			ordered by the cou	urt, on the top of page 1 of this	orm, check bo	x 3, 7	he commitment
		Line 20b is more than or equal to line 20c. Unles commitment period is 5 years. Go to Part 4.	s otherwise ordere	ed by the court, on the top of pa	ige 1 of this for	rm, ch	eck box 4, The
t 4:	Sig	gn Below					
Bys	ignin	g here, under penalty of perjury I declare that the	information on this	s statement and in any attachm	ents is true an	d corr	ect.
( /s/	Tho	mas J Orban					
Date							
If vo							
			form. On line 39 of	of that form, copy your current r	nonthly income	e from	line 14 above.
	150 Calc 16a. 16b. 16c. 17a. 17b. 17b. 17b. 17b. 17b. 17b. 17b. 17b	Calculate 16a. Fill ir 16b. Fill ir 16c. Fill ir To fi instru 17a.   17b.   3: Ca Copy you Deduct th contend th spouse's 19a. If the 19b. Subte 20a. Copy Multi 20b. The  20c. Copy Subte 20a. Copy Multi 20b. The  20c. Copy Multi 20b. The  19b. Subte 20a. Copy Multi 20b. The	Multiply line 15a by 12 (the number of months in a yat 15b. The result is your current monthly income for the year 16a. Fill in the state in which you live.  16a. Fill in the state in which you live.  16b. Fill in the median family income for your state and size To find a list of applicable median income amounts, go instructions for this form. This list may also be available. How do the lines compare?  17a. Line 15b is less than or equal to line 16c. On the top of part 13b is less than or equal to line 16c. On the top of part 13cb(b)(3). Go to Part 3. Do NOT 17b. Line 15b is more than line 16c. On the top of part 13cb(b)(3). Go to Part 3. Do NOT 17b. Calculate Your Commitment Period Under 11 U.S. Calculate Your Commitment Period Under 11 U.S. Copy your total average monthly income from line 14 above 20c. Calculate Your Commitment Period under 11. Deduct the marital adjustment if it applies. If you are marcontend that calculating the commitment period under 11. Despose's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19b. Subtract line 19a from line 18.  Calculate your current monthly income for the year. For 20a. Copy line 19b Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year. For 20a. Copy the median family income for your state and size 21. How do the lines compare?  1 Line 20b is less than line 20c. Unless otherwise of period is 3 years. Go to Part 4.  21 Line 20b is more than or equal to line 20c. Unless commitment period is 5 years. Go to Part 4.  22 Sign Below  23 By signing here, under penalty of perjury I declare that the 15d May 23, 2023 MM / DD / YYYYY   15 If you checked 17a, do NOT fill out or file Form 122C-2.	Multiply line 15a by 12 (the number of months in a year).  15b. The result is your current monthly income for the year for this part of the continuous content of the state in which you live.  16a. Fill in the state in which you live.  16b. Fill in the number of people in your household.  2 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the instructions for this form. This list may also be available at the bankrupt. How do the lines compare?  17a. Line 15b is less than or equal to line 16c. On the top of page 1 of 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disp your current monthly income from line 14 above.  13: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4).  Copy your total average monthly income from line 11.  Deduct the marital adjustment if it applies. If you are married, your spouse contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  19b. Subtract line 19a from line 18.  Calculate your current monthly income for the year. Follow these steps: 20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the commitment period is 3 years. Go to Part 4.  1 Line 20b is more than or equal to line 20c. Unless otherwise ordered by the commitment period is 5 years. Go to Part 4.  21. How do the lines compare?  1 Line 20b is more than or equal to line 20c. Unless otherwise ordered commitment period is 5 years. Go to Part 4.  21. Sign Below  22. By signing here, under penalty of perjury I declare that the information on this line 190. I have 190. I ha	Multiply line 15a by 12 (the number of months in a year).  15b. The result is your current monthly income for the year for this part of the form.  15c. Calculate the median family income that applies to you. Follow these steps:  16a. Fill in the state in which you live.  NJ  16b. Fill in the number of people in your household.  2  16c. Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  16c. Fill in the median family income for on the top of page 1 of this form, check box 1, Disposable instructions for this form. This list may also be available at the bankruptcy clerk's office.  16c. How do the lines compare?  17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 2, Disposable income (17b. S. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (17b. S. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form your current monthly income from line 14 above.  17b. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  17c. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  19b. Subtract line 19a from line 18.  19b. Subtract line 19a from line 18.  19b. Multiply by 12 (the number of months in a year).  20c. Copy the median family income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form line 16c.  11 Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this pariod is 3 years. Go to Part 4.  19 Sign Below  10 Jordan  10 Jordan  10 Jordan  11 Line 20b is	Multiply line 15a by 12 (the number of months in a year).  15b. The result is your current monthly income for the year for this part of the form.  15c. This result is your current monthly income for the year for this part of the form.  15c. Fill in the state in which you live.  NU  16b. Fill in the state in which you live.  NU  16c. Fill in the median family income for your state and size of household.  15c. Fill in the median family income for your state and size of household.  15c. Fill in the median family income for your state and size of household.  15c. Fill in the median family income for your state and size of household.  15d. Fill in the median family income for your state and size of household.  15d. Fill in the median family income for your state and size of household.  15d. Fill in the median family income for your state and size of household.  15d. Fill in the median family income for your state and size of household.  15d. Fill in the median family income form in the 15d. On the top of page 1 of this form, check box 2, Disposable income (Official Form 122C-2), Cn1 your current monthly income form line 14 davies.  15d. Galculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  15d. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  15d. Calculate Your Commitment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) ellows you to deduct part of your spouses is nome, copy the amount from line 13.  15d. If the marital adjustment does not apply, fill in 0 on line 19a.  25d. Calculate your current monthly income for the year. Follow these steps:  26d. Copy line 19b.  Multiply by 12 (the number of months in a year).  27d. The marital adjustment does not apply, fill in 0 on line 19a.  28d. Fill Inc. 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check be period is 3 years. Go to Part 4.  28d. Sign Below  29d. Thomas J Orban  25d. Thomas	Multiply line 15a by 12 (the number of months in a year).  15b. The result is your current monthly income for the year for this part of the form.  15c. Fill in the state in which you live.  NJ  16b. Fill in the state in which you live.  NJ  16c. Fill in the modian family income that applies to you. Follow these steps:  16a. Fill in the modian family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. The list may also be available at the bankcuptcy clark's office.  How do the lines compare?  17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not.  17b. Sc. \$1325(b)(3). Go to Part 3. Do NOT III out Calculation of Your Disposable income (Official Form 122C-2). On line 38 your current monthly income from line 14 above.  17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 15c. Sci. \$1325(b)(4).  17c. Calculate Your Commitment Period Under 11 U.S.C. \$1325(b)(4).  17c. Calculate Your Commitment Period Under 11 U.S.C. \$1325(b)(4).  17d. Calculate Your Commitment Period under 11 U.S.C. \$1325(b)(4).  17d. Calculate Your Commitment Period under 11 U.S.C. \$1325(b)(4) allows you to deduct part of your spouses's income copy the anount from line 18.  17d. Calculate your current monthly income for the year. Follow these steps:  17d. Calculate your current monthly income for the year for this part of the form  17d. Calculate your current monthly income for the year for this part of the form  17d. Calculate your current monthly income for the year for this part of the form  17d. Calculate your current monthly income for the year for this part of the form  17d. Calculate your current monthly income for the year for this part of the form  17d. Calculate your current monthly income for the year for this part of the form the top of page 1 of this form, check box 3, 7 period

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

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Fill in this in	formation to identify your case:		
Debtor 1	Thomas J Orban		
		_	
Debtor 2	2)	_	
(Spouse, if fili	ing)		
United States	Bankruptcy Court for the: District of New Jersey	_	
Case number	23-13523	_	
(if known)		☐ ☐ ☐ Check if th	is is an amended filing
Official Form	4220.2		
Official Form Chapte	r 13 Calculation of Your Disposable	Income	04/22
	s form, you will need your completed copy of <i>Chapter 13 State</i> Period (Official Form 122C-1).	ement of Your Current Monthly Inco	me and Calculation of
space is need	ete and accurate as possible. If two married people are filing t ded, attach a separate sheet to this form, Include the line num ges, write your name and case number (if known).		
Part 1: C	Calculate Your Deductions from Your Income		
the questi	nal Revenue Service (IRS) issues National and Local Standard ons in lines 6-15. To find the IRS standards, go online using ton may also be available at the bankruptcy clerk's office.		
expenses i	e expense amounts set out in lines 6-15 regardless of your actual $\epsilon$ if they are higher than the standards. Do not include any operating and do not deduct any amounts that you subtracted from your spou	expenses that you subtracted from inc	come in lines 5 and 6 of Form
If your expo	enses differ from month to month, enter the average expense.		
Note: Line	numbers 1-4 are not used in this form. These numbers apply to in	formation required by a similar form us	ed in chapter 7 cases.
5. The n	number of people used in determining your deductions from i	ncome	
plus tl	the number of people who could be claimed as exemptions on yo he number of any additional dependents whom you support. This umber of people in your household.		2
National S	Standards You must use the IRS National Standards to a	answer the questions in lines 6-7.	
	, <b>clothing, and other items:</b> Using the number of people you entended and specified in the dollar amount for food, clothing, and other items.	ered in line 5 and the IRS National	\$1,410.00
the do	of-pocket health care allowance: Using the number of people you blar amount for out-of-pocket health care. The number of people is e who are 65 or olderbecause older people have a higher IRS all r than this IRS amount, you may deduct the additional amount on	s split into two categoriespeople who lowance for health car costs. If your ac	are under 65 and

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**Thomas J Orban** 23-13523 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 75.00 Copy here=> 75.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 1 7f. Subtotal. Multiply line 7d by line 7e. 153.00 153.00 Copy here=> 7g. Total. Add line 7c and line 7f 228.00 228.00 Copy total here=> \$ Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 751.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,825.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 1,825.00 1,825.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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**Thomas J Orban** 23-13523 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 642.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

not claim more than the IRS Local Standard for Public Transportation.

0.00

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Debtor 1 Thomas J Orban Case number (if known) 23-13523

Oth	er Nece	ssary Expenses	In addition to the expense of the following IRS categories		s listed above,	you are allowed your monthly expenses	for	
16.	5. <b>Taxes:</b> The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						\$	0.00
17.	. <b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.							0.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.						\$	0.00
18.	8. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						\$	0.00
19.	admini	strative agency, suc	The total monthly amount the has spousal or child support	payment	S.		\$	0.00
00		. ,			• • • • • • • • • • • • • • • • • • • •	ou will list these obligations in line 35.	Ψ	
20.		a condition for your j	hly amount that you pay for e	ducation	that is either i	equirea.		
				t child if n	o public educa	ation is available for similar services.	\$	0.00
21						itting, daycare, nursery, and preschool.	Ť —	
۷۱.			or any elementary or seconda	-	•	nuing, daycare, nuisery, and prescribor.	\$	0.00
22.	that is by a he	required for the heal ealth savings accour	th and welfare of you or your nt. Include only the amount th	depende at is more	nts and that is than the tota		•	0.00
	•		ince or health savings accour		•		\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.							
24.		I of the expenses a es 6 through 23.	illowed under the IRS expe	nse allov	vances.		\$	4,856.00
Add		Expense Deduction	These are additional d Note: Do not include a					
25.	insurar					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
	Health	insurance		\$	400.00			
	Disabil	ity insurance		\$	0.00			
	Health	savings account	4	\$	0.00	٦		
	Total			\$	400.00	Copy total here=>	\$	400.00
	Do you	actually spend this	total amount? you actually spend?					
		Yes		\$				
26.	26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)						\$	0.00
27.						nses that you incur to maintain the		
	safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  By law, the court must keep the nature of these expenses confidential.						\$	0.00

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ebtor 1	Thomas J Orban		Case number (if kn	own)	23-1	3523				
	Additional home energy costs. Your hon line 8.	ne energy costs are included in your insur	rance and operat	ting	expense	es on				
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on lin 8, then fill in the excess amount of home energy costs									
	You must give your case trustee document amount claimed is reasonable and necessary		nust show that th	e ad	ditional			\$	0.00	
	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.									
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.									
	* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.								0.00	
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more han 5% of the food and clothing allowances in the IRS National Standards.									
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.									
	You must show that the additional amount	claimed is reasonable and necessary.						\$	47.00	
	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).									
	Do not include any amount more than 15% of your gross monthly income.							\$	0.00	
	32. Add all of the additional expense deductions. Add lines 25 through 31.							;	447.00	
Dedu	uctions for Debt Payment									
	or debts that are secured by an interest pans, and other secured debt, fill in lines		ome mortgages,	, veł	nicle					
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		ly due to each se	ecure	ed					
	Mortgages on your home							Average monthly payment		
33a.	Copy line 9b here					=>	pa \$	yment	0.00	
oou.							Ψ.		0.00	
226	Loans on your first two vehicles						Φ		0.00	
33b.						=>	<b>Þ</b>		0.00	
33c.	Copy line 13e here					=>	\$		0.00	
33d.	List other secured debts:									
Nam	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude tax nsuranc	es				
					No	0.				
	NONE									
	-NONE-				Yes		\$			
					No					
					Yes		\$			
					No					
					Yes	+	\$			
						٦	Ψ - Γ			
00	Total access as a state of the	- 00 - the cont   00 d			0.00	Copy	,	•	0.00	
33e	Total average monthly payment. Add lines	s 33a through 33d	. \$		0.00	here=	=>	\$	0.00	

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Case number (if known)

23-13523

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount 26 Church St Chesterfield, NJ 08515 **Burlington County DEBTOR WILL OBTAIN VALUATION 500,000.00**  $\div$  60 = \$ **PNC Bank Mortgage** 8,333.33 \$  $\div 60 = \$$ \$  $\div 60 = +$ \$ Copy total 8.333.33 8.333.33 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. □ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 154,000.00 ÷ 60 2,566.66 36. Projected monthly Chapter 13 plan payment \$ Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 10.899.99 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,856.00 expense allowances Copy line 32, All of the additional expense deductions \$ 447.00 Copy line 37, All of the deductions for debt payment +\$ 10,899.99 16,202.99 16,202.99 Copy total here=> \$ Total deductions.....

**Thomas J Orban** 

Debtor 1

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**Thomas J Orban** Case number (*if known*) **23-13523** Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 13.720.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 16,202.99 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 16.202.99 16,202.99 here=> -\$ -2,482.99 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 Decrease

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Debtor 1	Thomas J Orban	Case number (if known)	23-13523
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the inform  Is/ Thomas J Orban  Thomas J Orban  Signature of Debtor 1	nation on this statement and in any att	achments is true and correct.
	May 23, 2023 MM / DD / YYYY		